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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Miller, Mary, , ,								
	(b) Address (number and street) 23326 E County Road 1960 N	☐ Check if address changed			Candidate's FEC Identification Number H0IL15129				
	(c) City, State, and ZIP Code					3. Is This No	ew	Amended	
	Oakland		IL	6194	3	Statement (N) OR	x (A)	
4.	Party Affiliation	5. Office Soug	ght		6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House			IL	15			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)								
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.				
	(a) Name of Committee (in full) MARY MILLER FOR CONGRESS								
	(b) Address (number and street) 23326 E COUNTY ROAD 196	60 N							
	(c) City, State, and ZIP Code								
	OAKLAND				IL	61943			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
0.	candidacy.	ied committee,	, WITICIT IS INO	т тту рттыр	ai campaigh con	irrittee, to receive and exp	Jena ranas on	benan or my	
	NOTE: This designation should be f	iled with the pr	incipal campa	aign committ	ee.				
	(a) Name of Committee (in full) CRUZ 20 FOR 20 VICTORY FUND								
	(b) Address (number and street) PO BOX 341027								
	(c) City, State, and ZIP Code								
	AUSTIN				TX	78734			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date			
M	iller, Mary, , ,			[Elec	tronically Filed]	05/18/2021			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
]		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full)									
	FREEDOMWORKS VICTORY 2021									
	(b) Address (number and street) 111 K ST NE STE 600									
	(c) City, State, and ZIP Code									
	WASHINGTON DC 20002									
3.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST									
	(b) Address (number and street) PO BOX 30844									
	(c) City, State, and ZIP Code									
	BETHESDA MD 20824									
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									